

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

VMD-40004

I hereby declare that

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 5,733,313 granted March 31, 1998 and for which a reissue patent is sought on the invention entitled RE COUPLED IMPLANTABLE MEDICAL DEVICE WITH RECHARGABLE BACK-UP POWER SOURCE

the application of which

☐ is attached hereto.☒ was filed on March 31, 2000 as reissue application number 09/541,351and was amended on June 18, 2007
(If applicable)

I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/025 (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

Claim 1 calls for first and second control means and in the broadest sense, the system requires only one control means as called for in new claim 29. Further, a mode selection means for operating the system in one of four modes is preferable as called for in new claims 29 and 31. Additionally it is preferable to provide a memory means coupled to the control means for storing information for controlling an output signal as set forth in new claims 32 and 34.

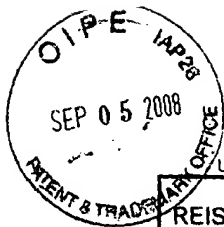
[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file and by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.61 and 1.64. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form or on suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1550, Alexandria, VA 22315-1550. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) VCO-40004	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
Note: To appoint a power of attorney, use form PTO/SB/31.			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name) Francisco Jose Barreras			
Inventor's signature <i>Frank Barreras</i>		Date 8/21/08	
Residence		Citizenship USA	
Mailing Address 624 92nd St., Surfside, FL 33154			
Full name of second joint inventor (given name, family name) Oscar Jimenez			
Inventor's signature <i>Oscar Jimenez</i>		Date 8/21/08	
Residence		Citizenship USA	
Mailing Address 1544 NW 39th Court, Doral, FL 33172			
<input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets form PTO/SB/02A or 02B attached hereto.			



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☐ by reason of other errors.

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VCO-40004

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Note: To appoint a power of attorney, use form PTO/SB/81.

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66919

OR

☐ Firm or
Individual Name

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Full name of sole or first inventor (given name, family name)

Francisco Jose Barreras

Inventor's signature

Date

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Citizenship

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Mailing Address

624 92nd St., Surfside, FL 33154

Full name of second joint inventor (given name, family name)

Oscar Jimenez

Inventor's signature

Date

Residence

Citizenship

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Mailing Address

1544 NW 89th Court, Doral, FL 33172

☐ Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.